

(1) PLACE OF BIRTH

County of ClaudsonTownship of Hinea Pathor
Loc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6464

Registration District No. 307 Registered No. 37
(For use of Local Registrar)

St.; Ward)

If child is not yet named, make supplemental report as directed.

(2) Full Name of Child Levell Herman Robertson(3) DATE OF BIRTH 3-21-22
(Name of Month) (Day) (Year)(4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes

FATHER.

(8) FULL NAME James Chesley Robertson(9) PRESENT POSTOFFICE OF FATHER Hinea Path - S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE McBowell Co - W. C.(13) OCCUPATION Mill Operator(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lacey Ann Calaway(15) PRESENT POSTOFFICE OF MOTHER Hinea Path - S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Greenville Co - S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:15 P. (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife MA(25) Address of Physician or Midwife Hinea Path - S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark) .(27) Filed Ms. de 307.2 (28) J. A. Williams Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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